

ART FOR AWARENESS 2007 REGISTRATION FORM

Name of Artist: _____

Phone: _____ E-mail: _____

Street Address: _____

City: _____ Zip Code: _____

Thank you for submitting your artwork for the "Art for Awareness" exhibit at Legislative Plaza in May 2007. The Middle Tennessee Mental Health and Substance Abuse Coalition will make every effort to keep your artwork safe. By signing, you agree not to hold the Coalition or any legislative office liable for damages in connection with exhibiting the artwork.

Artist's Signature: _____ Date _____

What creating art means to me (statement will appear with your name by your art work):

ARTIST – Please provide a brief description of art below.
Description of Art Work (1)

May we use your name in a press release?

(By agreeing, your name may be printed in a local or statewide newspaper.)

YES _____ NO _____

1) Artists, please complete the above information and fax to (615) 741-4557 by March 30, 2007.

2) Artist may bring only one piece of artwork on May 1, 2007.

3) Artists are asked to pick up art no later than June 8, 2007.

Internal Use Only:

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Legislator's Name: _____ Office Location: _____ Phone: (615) _____

Received by: _____

Date: ____/____/____

Returned to: _____

Date: ____/____/____